

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28244
State File No. 4
Registrar's No. 41

FILED SEP 11 1941

Registration District No. 290

Primary Registration District No. 4179

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Sullivan, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community All her life years, months or days

3. (a) PRINT FULL NAME Emily Scott,

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Scott 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 3d. 1850
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 7 28 hr. _____ min.

9. Birthplace Rock Springs, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name George Reynolds
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Emily Roderque
15. Birthplace Missouri, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stivers,
(b) Address Sullivan, Mo.

17. (a) Burial (b) Date thereof 8-3-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Scott Cemetery
(a) Signature of funeral director J. Williams
(b) Address Sullivan, Mo.

19. (a) 8/2/41 (b) [Signature]
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Sullivan (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1st. year 1941 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from July 28, 1941, to Aug 1, 1941, that I last saw him alive on Aug 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
and Gall Bladder inflammation
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]
Address Sullivan, Mo. Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

J. T. Williams

Licensed Embalmer No.

427

P. O. Address

Succinville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.